

19/2841,2

Vonda M. Wason
Paralegal Specialist

S.N. 09/284,152

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							FILING DATE	
CLAIMS							APPLICANT(S)	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1	1				61	1	
2	1	1				62	1	
3	1	1				63	1	
4	1	1				64	1	
5	1	1				65	1	
6	1	1				66	1	
7	1	1				67	1	
8	1	1				68	1	
9	1	1				69	1	
10	1	1				70	1	
11	1	1				71	1	
12	1	1				72	1	
13	1	1				73	1	
14	1	1				74	1	
15	1	1				75	1	
16	1	1				76	1	
17	1	1				77	1	
18	1	1				78	1	
19	1	1				79	1	
20	1	1				80	1	
21	1	1				81	1	
22	1	1				82	1	
23	1	1				83	1	
24	1	1				84	1	
25	1	1				85	1	
26	1	1				86	1	
27	1	1				87	1	
28	1	1				88	1	
29	1	1				89	1	
30	1	1				90	1	
31	1	1				91	1	
32	1	1				92	1	
33	1	1				93	1	
34	1	1				94	1	
35	1	1				95	1	
36	1	1				96	1	
37	1	1				97	1	
38	1	1				98	1	
39	1	1				99	1	
40	1	1				100	1	
41	1	1						
42	1	1						
43	1	1						
44	1	1						
45	1	1						
46	1	1						
47	1	1						
48	1	1						
49	1	1						
50	1	1						
TOTAL IND.						TOTAL IND.		
TOTAL DEP.						TOTAL DEP.		
TOTAL CLAIMS						TOTAL CLAIMS		

04,06,06

-1-
(cont'd)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				2		
102				2		
103				2		
104				2		
105				2		
106				2		
107				2		
108				2		
109				2		
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148						
149						
150						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						